

Form	1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return	1989																																																							
		For the year Jan.—Dec. 31, 1989, or other tax year beginning _____, 1989, ending _____, 19		OMB No. 1545-0074																																																						
Label Use IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial _____ Last name _____ If a joint return, spouse's first name and initial _____ Last name _____ Home address (number and street). (If a P.O. box, see page 7 of Instructions.) _____ Apt. no. _____ City, town or post office, state and ZIP code. (If a foreign address, see page 7.) _____		Your social security number _____ Spouse's social security number _____																																																						
			For Privacy Act and Paperwork Reduction Act Notice, see Instructions.																																																							
	Presidential Election Campaign		Do you want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																							
			Note: Checking "Yes" will not change your tax or reduce your refund.																																																							
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ► 19 ____). (See page 7 of Instructions.)																																																								
Exemptions (See Instructions on page 8.) If more than 6 dependents, see Instructions on page 8.		6a <input type="checkbox"/> Yourself If someone (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2. b <input type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">c Dependents: (1) Name (first, initial, and last name)</th> <th style="width: 10%;">(2) Check if under age 2</th> <th style="width: 15%;">(3) If age 2 or older, dependent's social security number</th> <th style="width: 15%;">(4) Relationship</th> <th style="width: 20%;">(5) No. of months lived in your home in 1989</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			c Dependents: (1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1989																																																	
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		No. of boxes checked on 6a and 6b _____ No. of your children on 6c who: • lived with you _____ • didn't live with you due to divorce or separation (see page 9) _____ No. of other dependents on 6c _____ Add numbers entered on lines above ► <input type="text"/>																																																								
		d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ► <input type="checkbox"/> e Total number of exemptions claimed <input type="text"/>																																																								
Income Please attach Copy B of your Forms W-2, W-2G, and W-2P here. If you do not have a W-2, see page 6 of Instructions.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">7 Wages, salaries, tips, etc. (attach Form(s) W-2)</td> <td style="width: 5%; text-align: center;">7</td> <td style="width: 20%;"></td> </tr> <tr> <td>8a Taxable interest income (also attach Schedule B if over \$400)</td> <td style="text-align: center;">8a</td> <td></td> </tr> <tr> <td>b Tax-exempt interest income (see page 10). DON'T include on line 8a</td> <td style="text-align: center;">8b</td> <td></td> </tr> <tr><td>9 Dividend income (also attach Schedule B if over \$400)</td><td style="text-align: center;">9</td><td></td></tr> <tr><td>10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions</td><td style="text-align: center;">10</td><td></td></tr> <tr><td>11 Alimony received</td><td style="text-align: center;">11</td><td></td></tr> <tr><td>12 Business income or (loss) (attach Schedule C)</td><td style="text-align: center;">12</td><td></td></tr> <tr><td>13 Capital gain or (loss) (attach Schedule D)</td><td style="text-align: center;">13</td><td></td></tr> <tr><td>14 Capital gain distributions not reported on line 13 (see page 11)</td><td style="text-align: center;">14</td><td></td></tr> <tr><td>15 Other gains or (losses) (attach Form 4797)</td><td style="text-align: center;">15</td><td></td></tr> <tr> <td>16a Total IRA distributions</td> <td style="text-align: center;">16a</td> <td>16b Taxable amount (see page 11)</td> </tr> <tr> <td>17a Total pensions and annuities</td> <td style="text-align: center;">17a</td> <td>17b Taxable amount (see page 12)</td> </tr> <tr><td>18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)</td><td style="text-align: center;">18</td><td></td></tr> <tr><td>19 Farm income or (loss) (attach Schedule F)</td><td style="text-align: center;">19</td><td></td></tr> <tr><td>20 Unemployment compensation (insurance) (see page 13)</td><td style="text-align: center;">20</td><td></td></tr> <tr> <td>21a Social security benefits</td> <td style="text-align: center;">21a</td> <td>21b Taxable amount (see page 13)</td> </tr> <tr><td>22 Other income (list type and amount—see page 13)</td><td style="text-align: center;">22</td><td></td></tr> <tr> <td>23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income</td> <td style="text-align: center;">23</td> <td></td> </tr> </table>			7 Wages, salaries, tips, etc. (attach Form(s) W-2)	7		8a Taxable interest income (also attach Schedule B if over \$400)	8a		b Tax-exempt interest income (see page 10). DON'T include on line 8a	8b		9 Dividend income (also attach Schedule B if over \$400)	9		10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions	10		11 Alimony received	11		12 Business income or (loss) (attach Schedule C)	12		13 Capital gain or (loss) (attach Schedule D)	13		14 Capital gain distributions not reported on line 13 (see page 11)	14		15 Other gains or (losses) (attach Form 4797)	15		16a Total IRA distributions	16a	16b Taxable amount (see page 11)	17a Total pensions and annuities	17a	17b Taxable amount (see page 12)	18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18		19 Farm income or (loss) (attach Schedule F)	19		20 Unemployment compensation (insurance) (see page 13)	20		21a Social security benefits	21a	21b Taxable amount (see page 13)	22 Other income (list type and amount—see page 13)	22		23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income	23	
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Adjusted Gross Income (See Instructions on page 14.)		31 Subtract line 30 from line 23. This is your adjusted gross income . If this line is less than \$19,340 and a child lived with you, see "Earned Income Credit" (line 58) on page 20 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions																																																								

GOVERNMENT EXHIBIT
 19-cv-415
 No. 77

Form 1040 (1989)

Page **2****Tax Computation**

32	Amount from line 31 (adjusted gross income)	32	
33a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here	33a	
b	If someone (such as your parent) can claim you as a dependent, check here	33b	
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here	33c	
34	Enter the larger of: • Your standard deduction (from page 17 of the Instructions), OR • Your itemized deductions (from Schedule A, line 26). If you itemize, attach Schedule A and check here <input type="checkbox"/>	34	
35	Subtract line 34 from line 32. Enter the result here	35	
36	Multiply \$2,000 by the total number of exemptions claimed on line 6e	36	
37	Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	
38	Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615. (If any is from Form(s) 8814, enter that amount here d)	38	
39	Additional taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39. Enter the total	40	

Credits

(See Instructions on page 18.)

41	Credit for child and dependent care expenses (attach Form 2441)	41	
42	Credit for the elderly or the disabled (attach Schedule R)	42	
43	Foreign tax credit (attach Form 1116)	43	
44	General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)	44	
45	Credit for prior year minimum tax (attach Form 8801)	45	
46	Add lines 41 through 45. Enter the total	46	
47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	47	

Other Taxes

(Including Advance EIC Payments)

48	Self-employment tax (attach Schedule SE)	48	
49	Alternative minimum tax (attach Form 6251)	49	
50	Recapture taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50	
51	Social security tax on tip income not reported to employer (attach Form 4137)	51	
52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52	
53	Add lines 47 through 52. Enter the total	53	

Medicare Premium

54	Supplemental Medicare premium (attach Form 8808)	54	
55	Add lines 53 and 54. This is your total tax and any supplemental Medicare premium	55	

Payments

Attach Forms W-2, W-2G, and W-2P to front.

56	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	56	
57	1989 estimated tax payments and amount applied from 1988 return	57	
58	Earned income credit (see page 20)	58	
59	Amount paid with Form 4868 (extension request)	59	
60	Excess social security tax and RRTA tax withheld (see page 20)	60	
61	Credit for Federal tax on fuels (attach Form 4136)	61	
62	Regulated investment company credit (attach Form 2439)	62	
63	Add lines 56 through 62. These are your total payments	63	

Refund or Amount You Owe

64	If line 63 is larger than line 55, enter amount OVERPAID	64	
65	Amount of line 64 to be REFUNDED TO YOU	65	
66	Amount of line 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX 66	66	
67	If line 55 is larger than line 63, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1989 Form 1040" on it	67	
68	Penalty for underpayment of estimated tax (see page 21)	68	

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Spouse's signature (if joint return, BOTH must sign) _____	Date _____ Date _____	Your occupation _____ Spouse's occupation _____
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Paid Preparer's Use Only

Preparer's signature _____ Firm's name (or yours if self-employed) and address _____	Date _____ Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____ E.I. No. _____ ZIP code _____
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DOJ 005080